

BEST AVAILABLE COPY

MULTIPLE DEFENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM FD-470)						SERIAL NO.	FILED DATE				
						AFFIDAVIT					
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
NO.	DEF.	NO.	DEF.	NO.	DEF.	NO.	DEF.	NO.	DEF.	NO.	DEF.
1						61					
2						62					
3						63					
4						64					
5						65					
6						66					
7						67					
8						68					
9						69					
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30						90					
31						91					
32						92					
33						93					
34						94					
35						95					
36						96					
37						97					
38						98					
39						99					
40						100					
41						TOTAL					
42						TOTAL					
43						TOTAL					
44						TOTAL					
45						TOTAL					
46						TOTAL					
47						TOTAL					
48						TOTAL					
49						TOTAL					
50						TOTAL					
TOTAL	3					TOTAL					
TOTAL	0					TOTAL					
TOTAL	3					TOTAL					